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result set*DB=USPT; PLUR=YES; OP=ADJ*L3 L2 and growth factor 5 L3L2 erectile dysfunction.ab. 110 L2*DB=TDBD; PLUR=YES; OP=ADJ*L1 erectile dysfunction.ab. 0 L1

END OF SEARCH HISTORY

=> d 1-3

L4 ANSWER 1 OF 3 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002247489 EMBASE
TI Pharmacological aspects of **erectile dysfunction**.
AU Thomas J.A.
CS J.A. Thomas, 219 Wood Shadow, San Antonio, TX 78216, United States.
JAT-TOX@SWBell.net
SO Japanese Journal of Pharmacology, (2002) 89/2 (101-112).
Refs: 122
ISSN: 0021-5198 CODEN: JJPAAZ
CY Japan
DT Journal; General Review
FS 030 Pharmacology
028 Urology and Nephrology
038 Adverse Reactions Titles
036 Health Policy, Economics and Management
017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
029 Clinical Biochemistry
039 Pharmacy
LA English
SL English

L4 ANSWER 2 OF 3 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2001416623 EMBASE
TI Neurogenic **erectile dysfunction**.
AU Lue T.F.
CS Dr. T.F. Lue, University of California, San Francisco Department of
Urology, UCSF San Francisco, San Francisco, CA 94143-0738, United States.
tlue@Urol.ucsf.edu
SO Clinical Autonomic Research, (2001) 11/5 (285-294).
Refs: 98
ISSN: 0959-9851 CODEN: CAURE
CY United States
DT Journal; General Review
FS 006 Internal Medicine
008 Neurology and Neurosurgery
028 Urology and Nephrology
036 Health Policy, Economics and Management
037 Drug Literature Index
LA English
SL English

L4 ANSWER 3 OF 3 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000257064 EMBASE
TI Male sexual dysfunction - The new millennium.
AU Donatucci C.F.
CS Dr. C.F. Donatucci, Duke University Medical Center, Box 3274, Durham, NC
27710, United States. donat001@mc.duke.edu
SO Current Opinion in Urology, (2000) 10/4 (313-317).
Refs: 44
ISSN: 0963-0643 CODEN: CUOUEQ
CY United Kingdom
DT Journal; General Review
FS 028 Urology and Nephrology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English

L6 ANSWER 1 OF 19 MEDLINE
 AB **Erectile dysfunction** (ED) is estimated to impact more than 150 million men this year worldwide. An understanding of the pathophysiology of ED both furthers the basic scientific knowledge of disease processes and provides a rational design of pharmacotherapy. At present, there are two major views regarding the pathophysiology of ED. In the first hypothesis, the oxygen tension-dependent changes in the penis during erection are proposed to impact corpus cavernosum structure by inducing various cytokines, vasoactive factors and **growth factors** at the two different oxygen tensions (flaccidity and erection) which, in turn, alter smooth muscle metabolism and connective tissue synthesis. Decreases in the corpus cavernosum smooth muscle/connective tissue ratio have been correlated with an increased likelihood of diffuse venous leak and a failure of the veno-occlusive mechanism in prospective patient studies. Evidence for such a hypothesis incorporates nocturnal penile tumescence and circadian changes in oxygenation as important in maintaining erectile health. The alternate hypothesis proposes that ED is the result of a metabolic imbalance between relaxatory and contractile processes within the trabecular smooth muscle such that contractile processes predominate. Based on this hypothesis, therapy can be accomplished via drugs which shift this balance towards vasodilatation, or by gene therapy approaches to supplement the deficient components favoring smooth muscle relaxation. Both of these hypotheses predict a management strategy for ED that impacts pharmacotherapeutics. In this **review** of the pathophysiology of ED, each hypothesis will be examined and a synthesis devised incorporating both views. The future of research in this area as well as pharmacotherapy in ED in terms of pathophysiology is discussed including the merits and drawbacks of prophylaxis and prevention of ED. International Journal of Impotence Research (2000) 12, Suppl 4, S39-S46.

=> dup rem l6

PROCESSING COMPLETED FOR L6

L7 17 DUP REM L6 (2 DUPLICATES REMOVED)

=> d 1-7 bib ab

L7 ANSWER 1 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
 AN 2002131131 EMBASE
 TI Is obesity a risk factor for prostate cancer, and does it even matter? A hypothesis and different perspective.
 AU Moyad M.A.
 CS M.A. Moyad, University of Michigan Med. Center, Department of Urology, 1500 East Medical Center Drive, Ann Arbor, MI 48109-0330, United States. moyad@mich.edu
 SO Urology, (2002) 59/4 SUPPL. 1 (41-50).
 Refs: 135
 ISSN: 0090-4295 CODEN: URGYAZ
 PUI S 0090-4295(01)01175-X
 CY United States
 DT Journal; General Review
 FS 016 Cancer
 017 Public Health, Social Medicine and Epidemiology
 028 Urology and Nephrology
 LA English
 SL English
 AB Measurement of obesity is not as simple as its definition. Currently, several methods of measuring obesity are used in clinical studies. Skinfold thickness, crude weight, lean body mass (LBM), body mass index (BMI), and waist-to-hip ratio (WHR) are some of the more popular methods, but each contains its inherent strengths and flaws. In general, the results of the largest studies on prostate cancer and obesity have not been conclusive. One of the largest studies found an inverse relation to

prostate cancer in the youngest age groups. The age and duration of obesity or any rapid changes in weight gain, along with other unhealthy exposures, may have some relation to prostate cancer incidence and mortality. Early intrinsic or extrinsic exposure to estrogen or estrogenlike compounds may provide a protective effect. The timing and duration of a higher estrogen and/or lower testosterone exposure may have a beneficial or detrimental impact on the prognosis of an established prostate tumor. Negative exposures over time such as low levels of sex hormone-binding globulin (SHBG), a greater exposure to **growth factors**, elevated insulin levels, greater sympathetic activity, higher cholesterol levels, immune system dysfunction, inadequate diets, smoking status, and other factors may be associated with an increased risk of prostate cancer and other diseases. Obesity may also be associated with other cancers for similar and different reasons. For example, morbidity and mortality from postmenopausal breast cancer, colon, kidney, and other cancers are potentially associated with obesity. Other comorbidities such as cataracts, coronary heart disease, diabetes, **erectile dysfunction**, hypertension, and others are also associated with obesity. The 2 largest prospective studies on BMI and overall mortality have also demonstrated the substantial negative impact of excess weight on society. Prostate cancer risk and obesity need further research to establish if a true association exists, but at this time, does it really matter? Overall, the profound adverse effect of being obese on general health is dramatic, and this is what clinicians and patients need to remember. .COPYRGT. 2002 Elsevier Science Inc.

L7 ANSWER 2 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2002227244 EMBASE
TI Hormonal therapy for prostate cancer: Past, present and future.
AU El-Rayes B.F.; Hussain M.H.
CS M.H. Hussain, Division of Hematology and Oncology, Barbara Ann Karmanos Cancer Inst., Wayne State University, 4100 John R Street, Detroit, MI 48201, United States. hussainm@karmanos.org
SO Expert Review of Anticancer Therapy, (2002) 2/1 (37-47).
Refs: 94
ISSN: 1473-7140 CODEN: ERATBJ
CY United Kingdom
DT Journal; General Review
FS 016 Cancer
028 Urology and Nephrology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
039 Pharmacy
LA English
SL English
AB Prostate cancer is the second leading cause of cancer mortality in men in the USA. For the past six decades, hormonal therapy has been the main treatment of advanced prostate cancer. Hormonal therapy has developed from a surgical procedure to a complex pharmacological treatment. Trials comparing the efficacy of different monotherapies have demonstrated the equivalence of DES, LHRH agonists and orchiectomy. Combined androgen blockade has been compared with monotherapy. However, the results of the different trials have been conflicting. Novel hormonal therapy schedules involving intermittent treatment and peripheral androgen blockade are currently in clinical trials. The role of hormonal therapy in locally advanced disease as part of a multimodality therapy is a new and rapidly developing aspect of hormonal therapy. The mechanism of hormone refractoriness in prostate cancer is an active area of basic science and translational research.

L7 ANSWER 3 OF 17 CAPLUS COPYRIGHT 2002 ACS DUPLICATE 1
AN 2001:467761 CAPLUS
DN 136:256493

TI Gene therapy strategies for urological dysfunction
 AU Chancellor, M. B.; Yoshimura, N.; Pruchnic, R.; Huard, J.
 CS Department of Urology, University of Pittsburgh School of Medicine,
 Pittsburgh, PA, 15213, USA
 SO Trends in Molecular Medicine (2001), 7(7), 301-306
 CODEN: TMMRCY; ISSN: 1471-4914
 PB Elsevier Science Ltd.
 DT Journal; General Review
 LA English
 AB A **review** is given. Novel mol. techniques such as conventional
 and ex vivo gene therapy, and tissue engineering have only recently been
 introduced to the field of urol. The lower urinary tract is ideally
 suited for minimally invasive therapy, and also ex vivo approaches would
 limit the risk of systemic side effects. Muscle-derived stem cells were
 used successfully to treat stress incontinence, and rats with diabetic
 bladder dysfunction benefited from nerve **growth factor**
 (NGF)-based gene therapy. Nitric oxide synthase and caspase-7 might
 provide suitable gene therapy targets for **erectile**
dysfunction and benign prostatic hyperplasia, resp.
 RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD
 ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 4 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
 AN 2001437739 EMBASE
 TI Obesity, interrelated mechanisms, and exposures and kidney cancer.
 AU Moyad M.A.
 CS M.A. Moyad, Univ. of Michigan Medical Center, Department of Surgery, 1500
 East Medical Center Dr, Ann Arbor, MI 48109-0330, United States
 SO Seminars in Urologic Oncology, (2001) 19/4 (270-279).
 Refs: 137
 ISSN: 1081-0943 CODEN: SUONFC
 CY United States
 DT Journal; General Review
 FS 016 Cancer
 028 Urology and Nephrology
 LA English
 SL English
 AB Obesity has been shown to increase the risk or be associated with numerous
 conditions from cardiovascular disease and type II diabetes to
erectile dysfunction and osteoarthritis. Obesity may
 also be associated with numerous cancers, and kidney cancer or renal-cell
 cancer (RCC) may have one of the strongest correlations to obesity
 compared with cancer at any other site. Almost every epidemiologic
 investigation has demonstrated an association that tends to affect women
 more than men, but both genders are impacted. In general, past studies
 suggest that with increasing weight, a threshold point exists whereby a
 certain range of body mass index dramatically changes risk. Men and women
 at the most extreme ends of obesity tend to have the highest risk or only
 risk in past studies. Individuals at the more extreme ends of obesity may
 be affected by an almost indefinite number of mechanisms and exposures
 that could determine incidence and possibly prognosis. For example, higher
 estrogen levels, elevated insulin levels, a greater concentration of
growth factors in adipose tissue, hypertension,
 cholesterol metabolism abnormalities, and immune malfunction are just some
 of the potential mechanisms that may increase kidney cancer risk. Obese
 individuals may also have lower serum levels of vitamin D and engage in
 less physical activity. Smoking or genetic predisposition to RCC may
 synergistically contribute to the effect of obesity on risk. The potential
 mechanisms and associations are numerous and complex. Regardless of the
 actual cancer risk now and in the future, the overall effect of obesity on
 general health is clear, and this should be kept in mind in the discussion
 between health professional and patient. Copyright .COPYRGT. 2001 by W.B.
 Saunders Company.

L7 ANSWER 5 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
 AN 2001354149 EMBASE
 TI Aging men - Challenges ahead.
 AU Lunenfeld B.
 CS Prof. B. Lunenfeld, Faculty of Life Sciences, Bar-Ilan University, 7 Rav
 Ashi St., 69395 Tel Aviv, Israel. blunenf@attglobal.net
 SO Asian Journal of Andrology, (2001) 3/3 (161-168).
 Refs: 10
 ISSN: 1008-682X CODEN: ASJAF8
 CY China
 DT Journal; General Review
 FS 003 Endocrinology
 017 Public Health, Social Medicine and Epidemiology
 020 Gerontology and Geriatrics
 028 Urology and Nephrology
 036 Health Policy, Economics and Management
 037 Drug Literature Index
 LA English
 SL English
 AB The prolongation of life expectancy and the drastic reduction of fertility
 rate are the primary cause of an aging world. It is projected that the
 elderly (above 65) will increase within the next 25 years by 82%, whereas
 the new born only by 3%. Despite the enormous medical progress during the
 past few decades, the last years of life are still accompanied by
 increasing ill health and disability. The ability to maintain active and
 independent living for as long as possible is a crucial factor for aging
 in health and dignity. Therefore, the promotion of healthy aging and the
 prevention of disability in men, must assume a central role in medical
 research and medical practice as well as in the formulation of national
 health and social policies. Effective programs promoting health and aging
 will ensure a more efficient use of health and social services and improve
 the quality of life in older persons by enabling them to remain
 independent and productive. The most important and drastic gender
 differences in aging are related to organs and or systems dependant or
 influenced by reproductive hormones. In distinction to the course of
 reproductive aging in women, with the rapid decline in sex hormones and
 expressed by the cessation of menses, aging men experience a slow and
 continuous decline of hormones. This decline in endocrine function
 involves: A decrease of testosterone, dehydroepiandrosterone (DHEA),
 oestrogens, thyroid stimulating hormone (TSH), growth hormone (GH),
 insulin-like **growth factor-1** (IGF-1), and melatonin.
 This decrease is concomitant with an increase of LH and FSH. In addition
 sex hormone binding globulin's (SHBG) increase with age resulting in
 further lowering the concentrations of free biologically active androgens.
 Interventions such as hormone replacement therapy may prevent, delay or
 alleviate the debilitating conditions which may result from secondary
 partial endocrine deficiency. Primary and secondary preventive strategies
 such as the promotion of a safe environment, healthy lifestyle including
 proper nutrition, appropriate exercise, avoidance of smoking, avoidance of
 drug and alcohol abuses, if done effectively, should result in a
 significant reduction of the health and social costs, reduce pain and
 suffering, increase the quality of life of the elderly and enable them to
 remain productive and contribute to the well-being of society. In light of
 this, public awareness of medical knowledge needs to be increased and
 basic, clinical, socio-economic and epidemiological research intensified.

L7 ANSWER 6 OF 17 CAPLUS COPYRIGHT 2002 ACS
 AN 2001:285584 CAPLUS
 DN 135:200251
 TI Engineering of cells and tissues for treatment of **erectile
 dysfunction**
 AU Atala, A.
 CS Center for Genitourinary Tissue Reconstruction, and Laboratory for Tissue
 Engineering and Cellular Therapeutics, Department of Urology, Children's

Hospital and Harvard Medical School, Boston, MA, USA
SO World Journal of Urology (2001), 19(1), 67-73
CODEN: WJURDJ; ISSN: 0724-4983
PB Springer-Verlag
DT Journal; General Review
LA English
AB A **review** with 41 refs. Topics discussed include the reconstruction of corporal smooth muscle, endothelial cell expansion and characterization, engineering of corporal smooth muscle and endothelium in vivo, tissue engineering of structural corporal tissue; engineered clitoral tissue, engineered penile prostheses, the use of engineered cells for the secretion of **growth factors**, and future directions.

RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L7 ANSWER 7 OF 17 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 2000325331 EMBASE
TI [Pharmacotherapeutic compass 2000/2001].
FARMACOTHERAPEUTISCH KOMPAS 2000/2001.
AU Taspinar A.
CS A. Taspinar, College voor Zorgverzekeringen, Commissie Farmaceutische Hulp, Postbus 396, 1180 BD Amstelveen, Netherlands
SO Nederlands Tijdschrift voor Geneeskunde, (9 Sep 2000) 144/37 (1774-1778).
Refs: 15
ISSN: 0028-2162 CODEN: NETJAN
CY Netherlands
DT Journal; General Review
FS 017 Public Health, Social Medicine and Epidemiology
037 Drug Literature Index
LA Dutch
SL English; Dutch
AB The Commission Pharmaceutical Help of the Health Care Insurance Board uses the Pharmacotherapeutical compass to inform the medical profession annually about medical drugs. - In the 2000/2001 edition the most important alterations are changes in the introductions of: antidepressants, medicines for peptic disorders, medicines for rheumatoid arthritis and osteoarthritis, haematopoietic **growth factors**, anticonvulsants, medicines for Parkinson, medicines for congestive heart failure, antiretroviral medicines, medicines for osteoporosis, short acting insuline-analogues and oral antihyperglycaemics. - The introductions about Horton's neuralgia and **erectile dysfunction** are new. - For some (new) medicines recommendations are made, for the antidepressants and medicines for peptic disorders some recommendations have been changed.

> d 1-5

L4 ANSWER 1 OF 5 CAPLUS COPYRIGHT 2002 ACS

AN 2002:89855 CAPLUS

DN 136:129429

TI Methods and compositions for preventing and treating male **erectile dysfunction** and female sexual arousal disorder using VEGF, BDNF, or **bFGF**

IN Lue, Tom F.; Lin, Ching-Shwun; Kan, Yuet W.

PA USA

SO PCT Int. Appl., 79 pp.

CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

| | PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|----|---------------|--|----------|-----------------|----------|
| PI | WO 2002007757 | A2 | 20020131 | WO 2001-US22970 | 20010719 |
| | W: | AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM | | | |
| | RW: | GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG | | | |

PRAI US 2000-220031P P 20000721

L4 ANSWER 2 OF 5 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

AN 2002:422159 BIOSIS

DN PREV200200422159

TI Nitric oxide synthase and angiogenic growth factor expressions in the penis of an animal model of type 2 diabetes.

AU Jesmin, Subrina (1); Sakuma, Ichiro (1); Hattori, Yuichi; Kitabatake, Akira (1)

CS (1) Department of Cardiovascular Medicine, Hokkaido University Graduate School of Medicine, Sapporo, 060-8638 Japan

SO Nitric Oxide, (June, 2002) Vol. 6, No. 4, pp. 406.

<http://www.academicpress.com/nox>. print.

Meeting Info.: Second International Conference on Biology, Chemistry and Therapeutic Applications Prague, Czech Republic June 16-20, 2002

ISSN: 1089-8603.

DT Conference

LA English

L4 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2002 ACS

AN 2001:265259 CAPLUS

DN 134:276162

TI Method of treating **erectile dysfunction** by administering an angiogenic growth factor such as VEGF or active fragment or mimetic thereof

IN Donatucci, Craig; Miller, Julie M.

PA Duke University, USA

SO PCT Int. Appl., 39 pp.

CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

| | PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|----|---------------|---|----------|-----------------|----------|
| PI | WO 2001024809 | A1 | 20010412 | WO 2000-US26782 | 20000929 |
| | W: | AU, CA, JP | | | |
| | RW: | AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, | | | |

PT, SE
 EP 1223957 A1 20020724 EP 2000-967083 20000929
 R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
 IE, FI, CY
 PRAI US 1999-157053P P 19991001
 WO 2000-US26782 W 20000929
 RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
 ALL CITATIONS AVAILABLE IN THE RE FORMAT

L4 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2002 ACS
 AN 2001:167844 CAPLUS
 DN 134:227368
 TI Nitric oxide-producing polymeric hydrogel materials
 IN Hill-West, Jennifer L.; Bohl, Kristyn Simcha
 PA Rice University, USA
 SO PCT Int. Appl., 38 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 FAN.CNT 1

| | PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|------|-----------------|--|----------|-----------------|----------|
| PI | WO 2001015738 | A2 | 20010308 | WO 2000-US24058 | 20000901 |
| | WO 2001015738 | A3 | 20020131 | | |
| | W: | AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM | | | |
| | RW: | GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG | | | |
| | EP 1194171 | A2 | 20020410 | EP 2000-959750 | 20000901 |
| | R: | AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, MC, PT, IE, SI, LT, LV, FI, RO | | | |
| PRAI | US 1999-152054P | P | 19990902 | | |
| | WO 2000-US24058 | W | 20000901 | | |

L4 ANSWER 5 OF 5 MEDLINE DUPLICATE 1
 AN 2001031661 MEDLINE
 DN 20481610 PubMed ID: 11025772
 TI Effect of a Chinese herbal medicine mixture on a rat model of hypercholesterolemic **erectile dysfunction**.
 AU Bakircioglu M E; Hsu K; El-Sakka A; Sievert K D; Lin C S; Lue T F
 CS Department of Urology, University of California San Francisco, School of Medicine, San Francisco, California, USA.
 NC 2 R01 DK51374 (NIDDK)
 SO JOURNAL OF UROLOGY, (2000 Nov) 164 (5) 1798-801.
 Journal code: 0376374. ISSN: 0022-5347.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 200011
 ED Entered STN: 20010322
 Last Updated on STN: 20010322
 Entered Medline: 20001121

=> d 1-5 ab

L4 ANSWER 1 OF 5 CAPLUS COPYRIGHT 2002 ACS
 AB This invention relates generally to the field of urol. In particular, the

invention provides a method for preventing or treating male **erectile dysfunction** or female sexual arousal disorder, which method comprises administering an effective amt. of vascular endothelial growth factor (VEGF), brain-derived neurotrophic factor (BDNF), **basic fibroblast growth factor (bFGF)**, or a functional deriv. or fragment thereof, or a nucleic acid encoding said VEGF, BDNF or **bFGF**, or functional deriv. or fragment thereof, or an agent that enhances prodn. and/or erection or sexual arousal stimulating function of said VEGF or BDNF or **bFGF** to a mammal, wherein such prevention or treatment is desirable, thereby preventing or treating said male **erectile dysfunction** of female sexual arousal disorder in said mammal. Combinations, combinatorial methods and kits for preventing or treating male **erectile dysfunction** or female sexual arousal disorder are also provided.

L4 ANSWER 2 OF 5 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

L4 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2002 ACS

AB The present invention relates, in general, to **erectile dysfunction** and, in particular, to a method of treating or preventing dysfunction of penile, clitoral or vaginal erectile tissue by administering an angiogenic growth factor, such as vascular endothelial growth factor (VEGF), or active fragment thereof or mimetic thereof.

L4 ANSWER 4 OF 5 CAPLUS COPYRIGHT 2002 ACS

AB Hydrogels releasing or producing NO, most preferably photopolymerizable biodegradable hydrogels capable of releasing physiol. amts. of NO for prolonged periods of time, are applied to sites on or in a patient in need of treatment thereof for disorders such as restenosis, thrombosis, asthma, wound healing, arthritis, penile **erectile dysfunction** or other conditions where NO plays a significant role. The hydrogels are typically formed of macromers, which preferably include biodegradable regions, and have bound thereto groups that are released in situ to elevate or otherwise modulate NO levels at the site where treatment is needed. The macromers can form a homo or hetero-dispersion or soln., which is polymd. to form a hydrogel material, that in the latter case can be a semi-interpenetrating network or interpenetrating network. Comps. to be released can be phys. entrapped, covalently or ionically bound to macromer, or actually form a part of the polymeric material. The hydrogel can be formed by ionic and/or covalent crosslinking. Other active agents, including therapeutic, prophylactic, or diagnostic agents, can also be included within the polymeric material.

L4 ANSWER 5 OF 5 MEDLINE DUPLICATE 1

AB PURPOSE: We examine the effect of a Chinese herbal medicine mixture on erectile function in a rat model of hypercholesterolemic **erectile dysfunction**. MATERIALS AND METHODS: In this study 32, 3-month-old Sprague-Dawley rats were used. The 8 control animals were fed a normal diet and the remaining 24 were fed 1% cholesterol diet for 4 months. After 2 months herbal medicine was added to the drinking water of the treatment group of 16 rats but not the cholesterol only group of 8. Of the 16 rats 8 received 25 mg./kg. per day (group 1) and 8 received 50 mg./kg. per day (group 2) of Chinese herbal medicine mixture. Serum cholesterol levels were measured at 2 and 4 months. At 4 months erectile function was evaluated with cavernous nerve electrostimulation in all animals. Penile tissues were collected for electron microscopy, and to perform Western blot for endothelial nitric oxide synthase, neuronal nitric oxide synthase, **basic fibroblast growth factor (bFGF)** and caveolin-1. RESULTS: Serum cholesterol levels were significantly higher in animals fed the 1% cholesterol diet compared to controls at 2 and 4 months. Nevertheless, there was no significant difference among group 1 (145 +/- 30 mg./dl.), group 2 (157 +/- 20) and the cholesterol only group (143 +/- 15). Systemic arterial

pressure was not significantly different between the animals that were fed the 1% cholesterol diet and the controls. During electrostimulation of the cavernous nerve peak sustained intracavernous pressure was significantly lower in the cholesterol only group (50 +/- 23 cm. H2O) compared to the control group. Conversely erectile function was not impaired in the herbal medicine treated rats. Electron microscopy showed many caveolae with fingerlike processes in the cavernous smooth muscle and endothelial cell membranes in control and treated rats but not in the cholesterol only group of rats. Western blot did not show a difference among groups in protein expression for endothelial nitric oxide synthase and neuronal nitric oxide synthase in penile tissue but caveolin-1 and **bFGF** protein expression was significantly higher in groups 1 and 2 than in the cholesterol only and control groups. CONCLUSIONS: Rats developed **erectile dysfunction** after being fed a 1% cholesterol diet for 4 months. Although serum cholesterol levels were similar in the cholesterol only rats and those treated with Chinese herbal medicine mixture, erectile response was significantly better in the treated group. The mechanism of the herbal medicine is unknown. High levels of **bFGF** and caveolin-1 expression in the treated group may protect the cavernous smooth muscle and endothelial cells from the harmful effect of high serum cholesterol.

=>